

## **PRV- Enrollment Processing of Home and Community Based Services (HCBS) Providers**

### **Purpose:**

The purpose of this procedure is to enroll new HCBS providers

### **Identification of Roles:**

Primary Role - The below procedure will be performed by the Provider Enrollment Unit which includes the Provider Enrollment Supervisor and Provider Enrollment Specialists.

### **Performance Standards:**

- a. In response to provider enrollment inquiries, send 95% of the provider enrollment packets to the provider no later than one business day following the receipt of the request from the provider.
- b. 95% of the provider enrollment applications must be approved, assigned a provider number, entered in the provider file, denied, or returned to the provider for additional information within 5 business days of receipt of the application.
- c. 100% of the provider enrollment applications will be verified against the appropriate licensing entity and against the additional specialty credentials.
- d. 100% of the providers will have valid licensing criteria and the specialty credentials at the time of approval of the provider enrollment application.
- e. 95% of new enrollment National Provider Identifier (NPI) and taxonomy codes are added to the web tool within two business days after a provider file has been added to the Medicaid Management Information System (MMIS). 100% of this work must be completed within 10 business days.
- f. Maintain a 98% accuracy rate for online update transactions.

### **Path of Business Procedure:**

**Step 1: Receive the scanned enrollment packet from the mailroom into the PRV 01 queue on OnBase. Documents include:**

- a. Provider Application form
- b. W-9 form
- c. Medicaid Provider Agreement
- d. Consumer Directed Attendant Care (CDAC) providers Individual CDAC Disclosure.
- e. Atypical form or National Provider Identification (NPI) number
- f. CDAC Only- Consent form for background check

**Step 2: Key word application (PRV 01)**

- a. Select document and double click on user task "Enter Keywords"
- b. Enter provider name, National Provider Identifier (NPI) (if applicable), tax identification number (ID) and provider type. Click Submit.
- c. Double click on user task "complete" (Agency Waiver Applications only) will move to PRV 03 application queue.

- d. Double click on the user task "CDAC application" (CDAC Waiver Applications only). The document will move to PRV 03 CDAC Application queue

**Step 3: PRV 03 CDAC Application queue-Give me work**

- a. Open PRV 03 CDAC applications queue
- b. Select document
- c. Double click on user task "Give me Work" the application will move to PRV 03 "My desk"

**Step 4: Provider Enrollment specialist will review the documents for completeness (See Enrollment guide for detailed enrollment guideline) from "My desk" in PRV 03**

- a. Determine if all documents are completed. (See Enrollment Guide).
- b. If it is determined the application is not complete double click on user task "send to my desk (Need letter)". Move to step 5.
- c. If complete, CDAC Waiver application click on user task "Background Check" move to Procedure 11015 CDAC Background check
- d. If complete, Wavier Agency applications continue processing. Move to step 8.

**Step 5: Needs letter for missing or incomplete information**

- a. If all required documents are not present or if required documents are incomplete. Generate a request letter to the provider for incomplete or missing information by clicking on the create letter task and select more information from the drop down. Follow the prompts to complete the missing information letter template.
- b. Print/Mail letter
- c. Double click on the user task "Pend" the application will move to the missing information queue.

**Step 6: Documents returned from the provider**

- a. Documents are returned from the provider and attached to the packet in missing information. The application is moved back into My Desk in PRV 03 production for processing.
- b. Start again at Step 4
- c. If the requested documentation is not returned within 90 days the application will be automatically moved to the denied queue in OnBase.

**Step 7: Deny Application**

- a. If the provider does not meet criteria as outlined in the enrollment guide, issue an enrollment denial letter. Select the user task "Deny" and create the denial letter and place in out box to be mailed.
- b. Denied due to background check- attach OnBase deny note and create the denial letter.

**Step 8: Determine if criteria is met (See Enrollment guide on PRV\_Data Share drive)**

- a. Verify all criteria are met, if unable to determine forward the application to the Unit lead queue for review.
- b. If the enrollment packet is complete and criteria are met move to step 8-d.
- c. If criteria is not met, deny application (Step 7)

- d. Open the Office of Inspector General (OIG) website search by provider name or name's if applicable, import results into OnBase
- e. Open the System for Award Management (SAM) search SAM by name, import results into OnBase.
- f. Check MCSIS terminated list on the PRV Data Share drive Provider Enrollment folder, import results to OnBase
- g. If applicable- verify NPI number typically agency providers. Open NPPES website search by NPI, import results into OnBase. If NPI verification did not match go to step 5 and send letter to provider with results of NPI verification
- h. If business entity is enrolling check Iowa Secretary of State (SOS) website (search databases-business entities search on the SOS website) enter the business name. Import results to OnBase.
- i. If all data base/verification results are clear move to step 9
- j. If any of the above data base/verification results are not clear send enrollment application to the Unit lead queue in OnBase. Unit lead will research and forward if needed to appropriate unit for review

#### **Step 9: Enter into the Medicaid Management Information System (MMIS)**

- a. Access file 9 (Provider Master File)
- b. By using the MMIS Provider Master File, check by tax ID number or Social Security number and provider name to determine if the provider is already on file. If not on file, continue processing. If the application is for waiver services and the provider is already on file see adding services to an existing waiver provider (Step 10).
- c. Use option "A" in the Provider Master File to "Add a Provider"
- d. Enter 04 or 02 or 07 for the first two digits of the new provider number. Press Enter. The MMIS generates the remaining digits of the provider number using the next available number.
- e. Screen one (1), enter provider's a-typical NPI number or NPI number and enter other provider's information in the blank fields using the information from the provider application.
- f. Screen two (2), enter claim type W for Waiver and the appropriate approved waiver type.
- g. Press enter. The MMIS will validate the information entered and determine if any duplicate provider exist based on the Tax ID or SSN. If all is correct, press enter again. If a required field is left blank the system will highlight the missing field and you must correct or add the required information. Continue to step 11.

#### **Step 10: Adding Waiver Services to an existing provider**

- a. Enter the provider number in file 9 (Provider Master file)
- b. Use option "C" to change/add waiver services
- c. Select screen 2 (PF2)- under Waiver type spans add a new line and add the existing waiver types with the new approved waiver types.( Medicaid Guide for waiver type codes)

- d. Press enter, the MMIS will validate the information press enter again to complete the change. Continue to step 11.

### **Step 11: Complete the HCBS Waiver letter**

- a. From the waiver application in OnBase select the user task "Create letter". Select the Waiver letter type (CDAC Waiver or Agency Waiver)
- b. Enter the services for which the provider has been approved.
- c. Print 2 copies- one copy to be mailed by you to the provider and one copy for you to use later to update ISIS- (Step 12).
- d. Select the user task "Complete" the application will be moved to the complete queue

### **Step 12: Adding Waiver provider to the Individualized Services Information System (ISIS)**

- a. The next day after entered into MMIS, enter into the ISIS system Provider Certification screen Services procedure codes for which the provider has been approved. (See Enrollment Guide for codes) The approved services will be indicated on the second waiver letter you printed for yourself.
- b. In ISIS enter the legacy provider number and click search
- c. Click on the tab at the top that says "Certifications"
- d. Click on the drop down to select the waiver type and codes they are approved for (from your letter)
- e. Enter the approval dates from you letter
- f. Click save
- g. Repeat for each service code and waiver type they are approved for

### **Forms/Reports:**

Provider Enrollment Forms

Quality Assurance (QA) Reports

MMIS Screen Prints

Individualized Services Information System (ISIS) Screen Prints

### **RFP References:**

6.4.1.1.3

### **Interfaces:**

OnBase

Core - As new providers are enrolled into the Iowa Medicaid Program, the MMIS generated Provider Welcome Letters printed and delivered to the enrollment area to be mailed.

HCBS Specialist

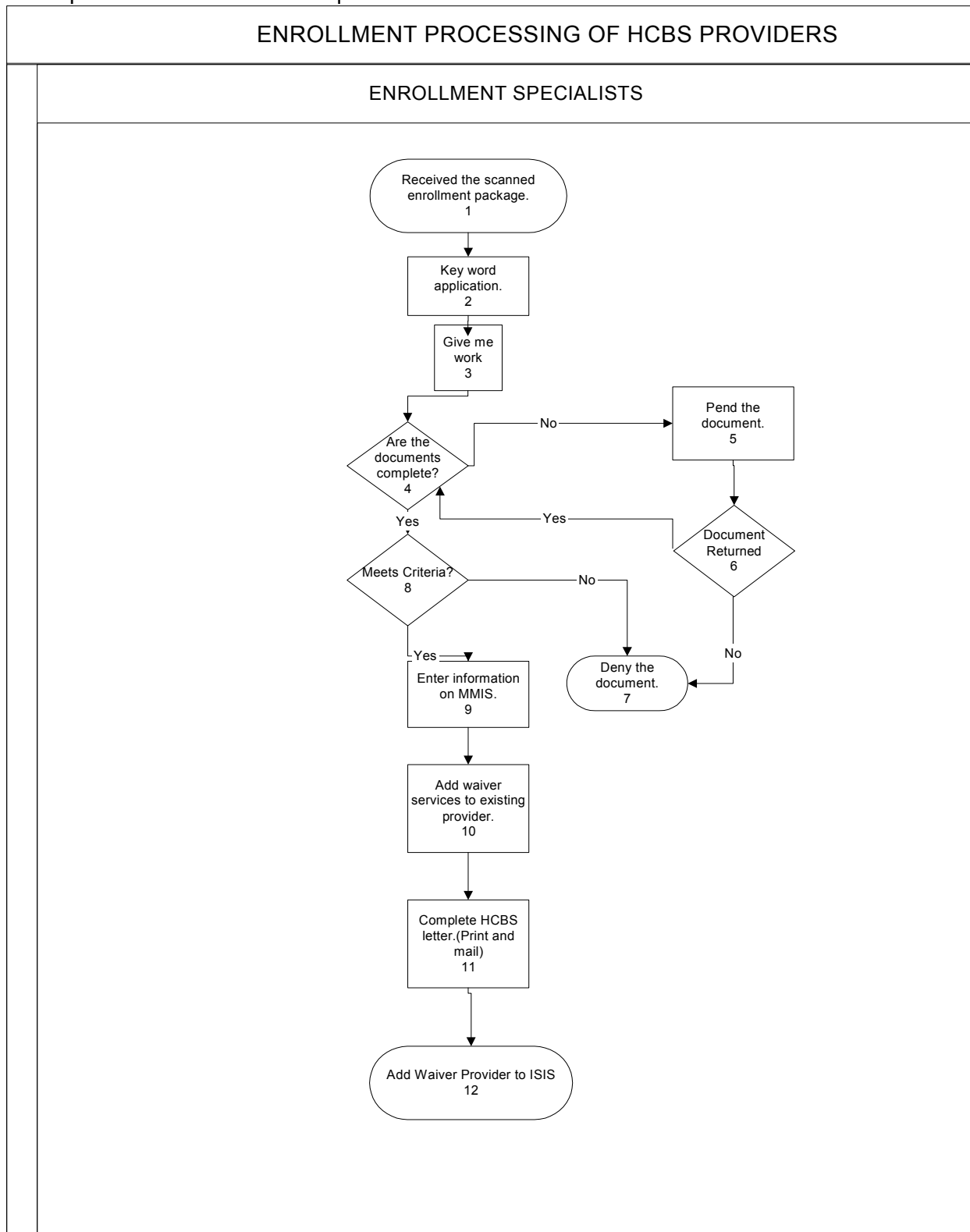
Providers

MMIS - The Provider Enrollment staff adds new Medicaid provider to the PMF and the MMIS automatically generates a provider number and welcome letter to these providers

**Attachments:**

**Attachment 1**

**IME Operational Procedures Requirements Flowchart**



**Attachment 2**

**Medicaid HCBS Waiver Provider Application**

Located on the IME website Enrollment page

**Attachment 3**

**IME Operational Procedures Provider Agreement**

Located on the IME website Enrollment page

**Attachment 4**

**IME Operational Procedures IRS Form W-9**

Located on the IME website

**Attachment 5a**

**IME Operational Procedures MMIS Welcome Letter**

**Attachment 5b**

**IME Operational Procedures MMIS Welcome Letter**

NOTE: BOLDDED TEXT IS NOT PRINTED, BUT IS TO EXPLAIN FROM WHERE THE DATA IS PULLED.

**Attachment 6**

**IME Operational Procedures HCBS Welcome Letter**

Iowa Department of Human Services  
Iowa Medicaid Enterprise (IME)  
IME Provider Services

Date

Name  
Address  
City, State Zip

EFFECTIVE DATE: Date  
NUMBER: **Packet number**

PROVIDER NO: # **Provider number**  
COUNTY: **County**

Dear Provider:

Welcome to the Iowa Medicaid Enterprise. Shown above is the name, address and provider number under which you are registered with Iowa Medicaid. To expedite processing, please ensure that the above provider number is shown on all claims and correspondence exactly as shown. Please do not omit leading zeros.

WAIVER TYPE		ENROLLMENT TYPE	
AIDS/HIV	(AH)	Initial	Add-on
Brain Injury	(BI)	Initial	Add-on
Elderly	(E)	Initial	Add-on
Ill & Handicapped	(IH)	Initial	Add-on
Mental Retardation	(MR)	Initial	Add-on
Physical Disability	(PD)	Initial	Add-on

Populations served						Approved services					
AH	BI	E	IH			Adult Day Care	AH		E	IH	MR
	BI	E				Assistive Devices			E	IH	
	BI					Behavioral	AH	BI	E	IH	MR
	BI					Case Management		BI			MR
	E					Chore	AH	BI	E	IH	MR
AH			IH			Counseling		BI		IH	MR
	BI					Counseling, Family					MR
	BI	E		MR	PD	Emergency Response			E		
AH		E	IH			Home Delivered Meals		BI		IH	MR
AH		E	IH	MR		Home Health Aide					MR
	BI				PD	Specialized Med					MR
AH		E	IH			Homemaker					MR
	BI	E	IH	MR	PD	Home/Veh.		BI			MR
		E				Mental Health		BI	E		MR
											PD

We are looking forward to working with you. If you have any questions or wish to order more Targeted Medical Care Claim forms, please feel free to contact Provider Services at 1-800-338-7909 or locally at 515-725-1004



## Attachment 7

### IME Operational Procedures Provider Number Generator

DHS - EXTRAN Personal Client

File Edit View Tools Session Options Help

PROVIDER SUBSYSTEM KEY PANEL

ENTER THE ACTION CODE: a A = ADD C = CHANGE D = DELETE I = INQUIRY

----- PROVIDER MASTER FILE -----

MEDICAID-NUMBER: 01

SOCIAL-SECURITY OR EMPLOYER-ID:

PROVIDER-NAME:

UPIN:

PROVIDER-TYPE/COUNTY:

DEA-NUMBER:

----- MEDICARE/MEDICAID CROSS-REFERENCE FILE -----

MEDICARE-NUMBER: MEDICARE-EFFECTIVE-DATE:

MEDICAID-NUMBER:

----- HMO/PREPAID HEALTH PLAN FILE -----

MEDICAID-NUMBER: PLAN-EFFECTIVE-DATE:

----- NABP/MEDICAID CROSS-REFERENCE FILE -----

NABP-NUM: NABP-EFFECTIVE-DATE: MEDICAID-NUM:

06/39

Connected to host: 165.206.212.10 (CDP/BI/A)

Start Inbox - ... Welcome... Microsoft... SPRONIDER Prov Si... MMIS Pr... DHS - E...

9:46 AM

- Use Option A in the Provider Master File to "Add a Provider"
- Enter 01 for the first two digits of the new Provider Number. Press Enter. The MMIS generates the remaining digits of the provider number using the next available number.

## Attachment 8

### IME Operational Procedures MMIS Provider File Screen Prints

DHS - EXTRAS Personal Client

File Edit View Tools Session Options Help

PROV: 01 PROVIDER MASTER DISPLAY SCREEN 1 INQUIRY  
CURR-DATE: 01/05/05 LAST-TRANS: 010798 USER: 147  
PRACTICE NAME AND ADDRESS

921 SIXTH AVENUE CITY: DES MOINES ST: IA ZIP: 503090000  
TEL: 515 247 4022 CNTY: 77 POLK TYPE: 99 WAIVER OUT-ST: N  
SORT-NAME: TAX-TYPE: E TAX-ID:  
SPECIALTY DATE CERT SPECIALTY DATE CERT

LIC-NO: LIC-BEGIN-DATE: LIC-END-DATE: SNF-LOC:  
CT-AGREE-IND: CT-BEGIN-DATE: CT-END-DATE:  
APP-DATE: 052097 TYPE-PRAC: 01 IND PRAC OWN: 1 IND RECIP DEA:  
----- ENROLLMENT ----- NUMBER OF OCCURRENCES -----  
STATUS DATE CLAIM-TYPES (PF2): 3 WAIVER-TYPES (PF2): 3  
1 ACTIVE 050192 BILLING-AGENTS (PF2): 0 GROUPS (PF2): 0  
ADDRESSES (PF3): 1 HOLD-REVIEW (PF4): 0  
RATES (PF4): 0 BED-DATA (PF4): 0  
GROUP-MEMBERS (PF5): 0 BILL-AGT-MEMBER (PF6): 0  
CLIA (PF7): 0 LAB-CLASSES (PF7): 0  
NEW-PROV: CERTIFICATION (PF8): 0 DRG-DATA (PF9): 0  
PREV-PROV: LAST-CLAIM-DATE: 122704 APG-DATA (PF9): 0

48 :03.2 04/02

Connected to host: 165.206.232.10 (CIP/BDP)

Start | Inbox - Microsoft... | Welcome to PSIn... | Microsoft Outlook... | DHS - EXTRAS... | Document1 - M... | 10:35 AM

- Enter the Provider's information in the blank fields using the information from the Provider's Application.
- Press Enter.

DHS - EXTRAM Personal Client

File Edit View Tools Session Options Help

PROVIDER: 00000000 PROVIDER MASTER DISPLAY SCREEN 2 INQUIRY

CURR-DATE: 01/05/05

CLAIM TYPE SPANS				WAIVER TYPE SPANS			
BEGIN	END	CLAIM TYPE	SPANS	BEGIN	END	WAIVER TYPE	SPANS
10197	999999	W		110197	999999	F C A	
100196	103197	W		100196	103197	C A	
050192	093096	W		050192	093096	C	

GROUP BEGIN END GROUP BEGIN END GROUP BEGIN END

BILLING-AGENTS:

00.8 05/03

Connected to host: 165.206.212.10 (CDP/BDFP)

Start [Inbox - Microsoft...] [Welcome to PSTn...] [Microsoft Outlook...] [DHS - EXTRAM] [Document1 - Micro...] 10:07 AM

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DHS - EXTRANS Personal Client
File Edit View Tools Session Options Help
[Icons]
PROVIDER: [ ] PROVIDER MASTER DISPLAY SCREEN 3 INQUIRY
CURR-DATE: 01/05/05
SPLIT-BILL: [ ] BILL-AGREEMENT:
PRINT-SUSPENSE: N DO NOT PRT MCAR-PART-IND: N MCAID-PART-IND: Y
PAYMENT-METHOD: M MAIL CHECK YEAR-END-DATE: 1231 COST-RPT-DATE:
EFT-ROUTE-ID: EFT-ACCT-NBR: CHK/SAV:
EMC-MEDIA: N NOT ALLOWD RECORD-FORMAT: BPI: ELEC-TAD:
MPASS: N DATE: MAX: CURR: AGES: SEX: CURR/NEW:
MPASS-PHN: MPASS-FEE: N COUNTIES:
REMIT-MEDIA: H HARDCOPY REMIT-SEQ: 0 NAME FAX: 515 243 5633
CORRES-MEDIA: H HARDCOPY TREAT-PROV-IND: PLAN-TYPE: VEND-ID:
THERA/OPTOM: N AUDIT: DATE:
SUR-CAT-SVC/CLASS-GROUP: EPSDT-IND: ER: N
CREDIT-BALANCE: AMT: DATE: INIT-BAL-DTE:
LIEN-HOLDER-PROVIDER: LIEN-DATE: LAST-WITHHELD:
LIEN-AMT-PAID: LIEN-BALANCE: LIEN-RSN:
LIEN-CHK-AMT: LIEN-CHK-PCT: UPIN: NPI:
RECOUP-AMT: RSN: CHK-AMT: CHK-PCT:
ADDRESSES: REMIT: 1 CHECK: 1 CORRES: 1 CARE-COORD: N BEG: END:
----- PAY TO ADDRESS (2) ----- MAILING ADDRESS (3) -----
[Icons]
01.2 03/18
Connected to host: 165.206.212.10 (CDP/BCP)
[Icons]
Start [Icons] Inbox - Microsoft... Welcome to PSTn... Microsoft Outlook... DHS - EXTRANS... Document1 - Micro...

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**Attachment 9**

**IME Operational Procedures Denied Application Letter**

DATE

PROVIDER

ADDRESS 1

ADDRESS 2

CITY, STATE ZIP CODE

RE: Participation in the Iowa Medicaid Program

Thank you for submitting an application to become a provider in the Iowa Medicaid Program.

We are not able to approve your application for the following reason:

- ☐ Your Provider Type is not recognized by the Iowa Medicaid Program
- ☐ You are not licensed to provide services at this location
- ☐ You are not certified to provide the services for which you have applied
- ☐ This is a duplicate application. You are enrolled as Provider Number
- ☐ Other

If you have any questions, please contact us at 1-800-338-7909 or 515-256-4609.

Sincerely,

Provider Services Unit

Iowa Medicaid Enterprise

## Attachment 10

### IME Operational Procedures Individualized Services Information System (ISIS) Add Provider Services Screen Print

The screenshot shows the ISIS web application interface. The browser window title is "ISIS - User: Russo, Recco Session: 990579 - Microsoft Internet Explorer provided by State of Iowa". The address bar shows "http://intranet01/ISIS/ISIS/pages/isisapp.asp". The application has a navigation bar with "Consumer" and "Provider" tabs, and a "Supervisor Utilities" link. Below the navigation bar, there are links for "Provider Details", "Provider Update", and "Service Certification". The "Service Certification" link is highlighted. A "Provider Selected" dropdown menu is open, showing a list of providers. The main form area contains several fields for provider certification, including "Provider Number", "Provider Name", "Programs", "Proc. Code/Svc. Desc", "Start Date", "Length Of Certification", "Expiration Date", "Certification Type", "Review Date", "Report Date", "Re-Certification Date", "Rate", "Rate Effective Date", "Annual Survey Due Date", and "Termination Date". A "Save" button and a "Clear" button are at the bottom right of the form. A table at the bottom of the screen displays a list of providers with columns for "Program Name", "Service Name", "Start Date", "Exp. Date", "Term. Date", "Rate", "Rate Eff. Date", and "Cert. Desc". The table contains one row with the following data: "Brain Injury", "WHD02 - Adult Day Care - Full Day (BD)", "1/1/1997", "1/1/2011", "", "", "", and "Deemed".

Program Name	Service Name	Start Date	Exp. Date	Term. Date	Rate	Rate Eff. Date	Cert. Desc
Brain Injury	WHD02 - Adult Day Care - Full Day (BD)	1/1/1997	1/1/2011				Deemed

- Enter into ISIS Provider Certification Screen Services/HCPSC Procedure Codes for which the provider is certified.